Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN6501	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**07/01/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF MORGAN COUNTY	**419 SOUTH KINGSTON STREET WARTBURG, TN 37887**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 002	1200-8-6 No Deficiencies During the Life Safety portion of the annual Licensure survey conducted on July 1, 2014, no licensure deficiencies were cited under 1200-8-6, Standards for Nursing Homes.	N 002	Life Care Center of Morgan County is committed to upholding the highest standard of care for its residents. This includes substantial compliance with all applicable standards and regulatory requirements. The facility works in cooperation with the State of Tennessee Department of Health toward the best interest of those who require the services we provide. While this plan is not to be considered and admission of validity of any findings, it is submitted in good faith as a required response to the survey conducted June 30 thru July 2, 2014. This Plan of Correction is the facility's with Federal and State requirements.	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
B. Stitt Jr	Executive Director	7/16/14

JUL 21 2014